FCC Foi	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control N July 2013	Io. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code 4	11831		
<015>	Study Area Name	OUTH CENTRAL TEL. A	SSN. INC KS	
<020>	Program Year 2	016		
<030>	Contact Name: Person USAC should contact with questions about this data	aryn Parker		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	192664334 ext.		
<039>	Contact Email Address: Email of the person identified in data line <030>	parker@tcatel.com		
				54.313 54.422 Completion Completion
ANNUA	L REPORTING FOR ALL CARRIERS			Required Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
<200>	Outage Reporting (voice)		(complete attached worksheet)	V V
<210>	< check box if no o	utages to report		·
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)			
			(attach desc	riptive document)
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)			
10007	,		(attach des	criptive document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			V V
<420>	Mobile 0.0	1)		
<430> <440>	Number of Complaints per 1,000 customers (broadbar	10)		·
<450>	Mobile 0.0			
<500>	Service Quality Standards & Consumer Protection Rule 411831ks510.pdf	es Compliance	(check to indicate certification)	
<510>			(attached descriptive document)	
<b>\510</b> >			(attached descriptive document)	
4C005	Constitution life in Face and City Street			
<6000>	Functionality in Emergency Situations 411831ks610.pdf		(check to indicate certification)	
			(attached descriptive document)	V V
<610>				
<700>	Company Price Offerings (voice)		(complete attached worksheet)	<u> </u>
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
<800>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	(if yo	(complete attached worksheet) s, complete attached worksheet)	
	Voice Services Rate Comparability Certification	Yes		V
<1010			(attach descriptive document)	
<1100	· Certify whether terrestrial backhaul options exist (Yes	or No)	(if not, check to indicate certification)	<u> </u>
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)	
-1200/	Price Cap Carriers, Proceed to Price Cap Additional Do	cumentation Worksh		
	Including Rate-of-Return Carriers affiliated with Price			
<2000>	- · · · · · · · · · · · · · · · · · · ·		(check to indicate certification)	
<2005>	Rate of Return Carriers, Proceed to ROR Additional De	ocumentation Works	(complete attached worksheet)	
<3000>	Total Control of the		(check to indicate certification)	V

(complete attached worksheet)

<3005>

(100) Se Data Co	(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411831	
<015>	Study Area Name	SOUTH CENTRAL TEL.	ASSN. INC KS
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no )	
<111>>	If your answer to Line <110> is yes, do you have an existing $\S54.202(a)$ "5 year plan" filed with the FCC?	(yes / no )	00
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.  Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year	mpany is a	411831ks112.pdf  Name of Attached Document
	service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	a)	
<113><114><114><1115><115><116><116><117><117><117><118><118><118><118><118	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How much (USF) was used to improve service quality and how support was used to improve service quality How much (USF) was used to improve service coverage and how support was used to improve service coverage How much (USF) was used to improve service capacity and how support was used to improve service capacity Provide an explanation of network improvement targets not met	re service quality ove service coverage ove service capacity	Yes Yes Yes Yes Not Applicable

<ul> <li>\$\text{cuty} Area Code}</li> <li>\$\text{cu15}\$ Study Area Name}</li> <li>\$\text{cu20}\$ Program Year</li> <li>\$\text{cu20}\$ Program Year</li> <li>\$\text{cu20}\$ Program Year</li> <li>\$\text{cu20}\$ Contact Name - Person USAC should contact regarding this data</li> <li>\$\text{cu20}\$ Contact Telephone Number - Number of person identified in data line &lt;030&gt;</li> <li>\$\text{cu20}\$ Contact Email Address - Email Address of person identified in data line &lt;030&gt;</li> <li>\$\text{cu20}\$ Contact Email Address - Email Address of person identified in data line &lt;030&gt;</li> <li>\$\text{cu20}\$ As \text{ch2}\$ As \text{ch2}\$ As \text{ch2}\$ As \text{ch2}\$ Bate \text{cu20}\$ Outage End \text{number}\$ Outage Start \text{number}\$ Outage End \text{number}\$ \text{Time}\$ \text{Date} \text{Time}\$ \text{Date}\$ \text{Cu3}\$</li> </ul>	SAC should contact er - Number of per mail Address of pe <b2></b2>	t regarding this								
	SAC should contact er - Number of per mail Address of pe <b2></b2>	t regarding this		411831						
	SAC should contact ler - Number of per mail Address of pe <b2></b2>	t regarding this		SOUTH CENTRA	CENTRAL TEL. ASSN. INC.	- KS				
	SAC should contact er - Number of per mail Address of pe <b2></b2>	t regarding this		2016						
	er - Number of per mail Address of pe <b2></b2>		data	Daryn Parker	4					
	mail Address of pe <b2></b2>	rson identified i	n data line <03	.0> 7192664334 ext.	xt.					
NORS Reference Number	 	rson identified i	in data line <03	30> dparker@tcatel.com	el.com					
Number Number		<	   	<c1></c1>	<0.2>	<del>\</del> \$\\	¢e>	\$	\$	<del>\</del>
	Outage Start Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Did This Outage Affect Multiple		
	Time	Date		Customers Affected	Total Number of Customers	Affected (Yes / No)	Description (Check all that apply)	Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

Page 3

(700) Price Data Colle	(700) Price Offerings in Data Collection Form	(700) Price Offerings including Voice Rate Data Data Collection Form	Jata				FC ON Jul	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	3 Control No. 3060-0819
<010>	Study Area Code	ode .			411831				
<015>	Study Area Name	ame			SOUTH CENT	SOUTH CENTRAL TEL. ASSN. INC KS			
<020>	Program Year				2016				
	Contact Name	Contact Name - Person USAC should contact regarding this data	contact regardi	ng this data		ər			
<035>	Contact Telep	Contact Telephone Number - Number of person identified in data line <030>	er of person ide	ntified in data line <	:030> 7192664334 ext.	ext.			
<039>	Contact Email	Contact Email Address - Email Address of person identified in data line <030>	ss of person ide	ntified in data line	<030> dparker@tcatel.com	atel.com			
<701>	Residential Lo	Residential Local Service Charge Effective Date	sctive Date	1/1,	1/1/2015				
<702>	Single State-v	Single State-wide Residential Local Service Charge	service Charge						
<703>	<a1></a1>	<a2></a2>	<a3></a3>	<	 	<	 4>	<	\$
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	nded Area arge	Total per line Bates and Fees
•			,						
•									
•									
					See at	See attached worksheet			
•									
•									
•									

	(710) bro	(710) broadband Price Offerings Data Collection Form						FCC Form 481 OMB Control   July 2013	481 rol No. 3060-0986/C	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Program Year	<010>				411831					
Contact Name - Person USAC should contact regarding this data   10 stryn Earlean   10 s	<015>	Study Area Name			SOUTH CENTRAL T	INC	S			
Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line - G3D>  Contact Enail Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address - Email Address of person identified in data line - G3D>  Contact Email Address of person identified in data line - G3D>  Contact Email Address of person identified in data line - G3D>  Contact Email Address of person identified in data line - G3D>  Contact Email Address of person identified in data line - G3D>  Contact Email Address of person identified in data line - G3D>  Contact Email Address of person identified in data line - G3D>  Contact Email Address of person identified in data line - G3D>  Contact Email Address of person identified in data line - G3D>  Contact Email Address of person identified in data line - G3D>  Contact Email Address of person identified in data	<020>	Program Year			2016					
Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  cato	<030>		SAC should contact regarding th	nis data	Daryn Parker					
Contact Email Address - Email Address of person identified in data line <030>  cal>  cal>	<032>		er - Number of person identifie	ed in data line <030>	7192664334 ext.					
State Exchange (ILEC) Residential Rate State Regulated Fees Total Rate and Fees (IMbps)  - See attached Worksheet - Worksheet - See attached Seed (IMbps)	<039>		mail Address of person identifi	ed in data line <030>	dparker@tcatel.	.com				
State Exchange (ILEC)  State Regulated Fees Total Rate and Fees (Whbs)  WORKSheet  See attached  WORKSheet  See attached										
Exchange (ILEC)  Residential Rate  State Regulated Fees  Total Rate and Fees  (Mbps)  See attached  Worksheet	<711>	<a1></a1>	<a2></a2>	 	<bs></bs> <bs></bs>       <br< td=""><td>&lt;&gt;&gt;&gt;</td><td><d1></d1></td><td><d2></d2></td><td><d3></d3></td><td><d4>&gt;</d4></td></br<>	<>>>	<d1></d1>	<d2></d2>	<d3></d3>	<d4>&gt;</d4>
- See attached worksheet		State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees		Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
See attached worksheet										
- See attached Worksheet										
- See attached worksheet										
See attached worksheet										
See attached worksheet										
See attached worksheet										
- See attached worksheet										
worksheet					See attac	bed				
					vorkoboot					
					WOINSIIGGL					

(800) Operating Companies			FCC Form 481
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	411831		
	SOUTH CENTRAL TEL.	EL. ASSN. INC KS	
<020> Program Year	2016		
<030> Contact Name - Person USAC should contact regarding this data	Daryn Parker		
<035> Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.		
<039> Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com	.com	
<pre>&lt;810&gt; Reporting Carrier South Central Telephone Association, Inc.</pre>			
<811> Holding Company South Central Telephone Association, Inc.			
<pre>&lt;812&gt; Operating Company South Central Telephone Association, Inc.</pre>			
<813> <a1></a1>		<a2></a2>	<a3></a3>
Affiliates		SAC	Doing Business As Company or Brand Designation
	See attac	See attached worksheet	et
	_	_	

(OOO) Tailed Doughting	FOC F 403
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	411831
	SOUTH CENTRAL TEL. ASSN. INC KS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035> Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	
	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Facilities Siting rules <926> Compliance with Environmental Review processes <927> Compliance with Cultural Preservation review processes <928> Compliance with Tribal Business and Licensing requirements.	Select Yes or No or Not Applicable

(1100) N	(1100) No Terrestrial Backhaul Reporting	FCC Form 481
Data Co	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411831
<015>	Study Area Name	SOUTH CENTRAL TEL. ASSN. INC KS
<020>	Program Year 2	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker
<032>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	
V1130	reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	sde

00) Te	(1200) Terms and Condition for Lifeline Customers	FCC Form 481
Lifeline Data Coll	Lifeline Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411831
<015>	Study Area Name	SOUTH CENTRAL TEL. ASSN. INC KS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	330> dparker@tcatel.com
		411831ks1210.pdf
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website	Δ.
we 422	"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.42(a)(2) annual reporting for ETCs receiving low-income support, carriers must	
ally	annually report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
â	<1223> Additional charges for toll calls, and rates for each such plan.	

,2000)	2000) Price Cap Carrier Additional Documentation	FCC Form 481	
Data Cc	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	. 3060-0819
ncludin	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013	
<010>	<010> Study Area Code		
<015>	<015> Study Area Name	411831	
<020>	<020> Program Year	SOUTH CENTRAL WEL. ASSN. INC KS	
<030>	<030> Contact Name - Person USAC should contact regarding this data	2016	
<032>	<035> Contact Telephone Number - Number of person identified in data line <030> Daryn Parker	Daryn Farker	
<039>	<039> Contact Email Address - Email Address of person identified in data line <030>	/192004534 BXC.	
۱			

ints attached below is accurate.			Name of Attached Document(s) Listing Required Information								ismo of Attachad Document(c) Letine Beauted Information
Connect America Phase II support as set torth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.	Incremental Connect America Phase I reporting  .0> 2nd Year Certification {47 CFR § 54.313(b)(1)i}  .1a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}	1b> Attachment {47 CFR § 54.313(b)(1)ii}	Name of Attached	Δ.	13> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)} 14> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}		Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} 16> Certification Support Used to Build Broadband	Ö	<ul> <li>Interim Progress Certification</li> <li>Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</li> </ul>		Name of
Conne	<2010> <2011a>	<2011b>		<2012>	<2013> <2014>	<2015>	<2016>	<2017> <2018>	<2020>	<2021>	

Data Col	(2000) nate Of neutril Carrier Additional Documentation	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
- 010	Sturb Area Code	411921
<015>	Study Area Name	SOUTH CENTRAL TEL. ASSN. INC KS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data  Contact Telenhone Number - Number of nerson identified in data line <030>	Daryn Parker 7100260324 ~~+
<039>		10
CHECK	the boxes below to note compliance on its five year service quality plan (pursuant CTR 6 54.313f(12) I further restify that the	CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47
		411831ks3010.pdf
(3010)	Progress Report on 5 Year Plan Milestone Certification {47 CFR § 54.313(f)(1)(1)}	
(3011)	Name of Attached Document Listing Required In Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information 12 contains the required information pursuant to sses of community anchor institutions to which began
		411831ks3012.pdf
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)}	
(3013)		Name of Attached Document Listing Required Information (Yes/No)
(3014)	If yes, does your company file the RUS annual report	
(3015)	e check these boxes to confirm that the attached document(s), on line 3017, Electronic copy of their annual RUS reports (Operating Report for	Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(t)(2) compliance requires:  [7] Electronic copy of their annual RUS reports (Operating Report for
(3016)	Telecommunications Borrowers)  Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	h Flows
(3017)		411831ks3017.pdf
	report and all required documentation	
(3018)	If the reconnes is no on line 2011 Is vour commany sudited?	Name of Attached Document Listing Required Information
(otne)		lauten)
(3019)	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	mat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	sh Flows
(3021)	Management letter and audit opinion	issued by the independent certified public accountant that performed the company's financial audit
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RIS Operating Report for Telecommunications	
(3023)		
(3024) (3025)	Underlying information subjected to an officer certification.  Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	th Flows
(3026)	Attach the worksheet listing required information	

## **REDACTED - FOR PUBLIC INSPECTION**

## **REDACTED**

[The Financial Data Summary (FCC Form 481;Lines 3027-3034) of South Central Telephone Association – KS filed pursuant to 47 C.F.R. § 54.313(f)(2) is redacted in its entirety as Highly Confidential Information]

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	411831
<015>	Study Area Name	SOUTH CENTRAL TEL. ASSN. INC KS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

#### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

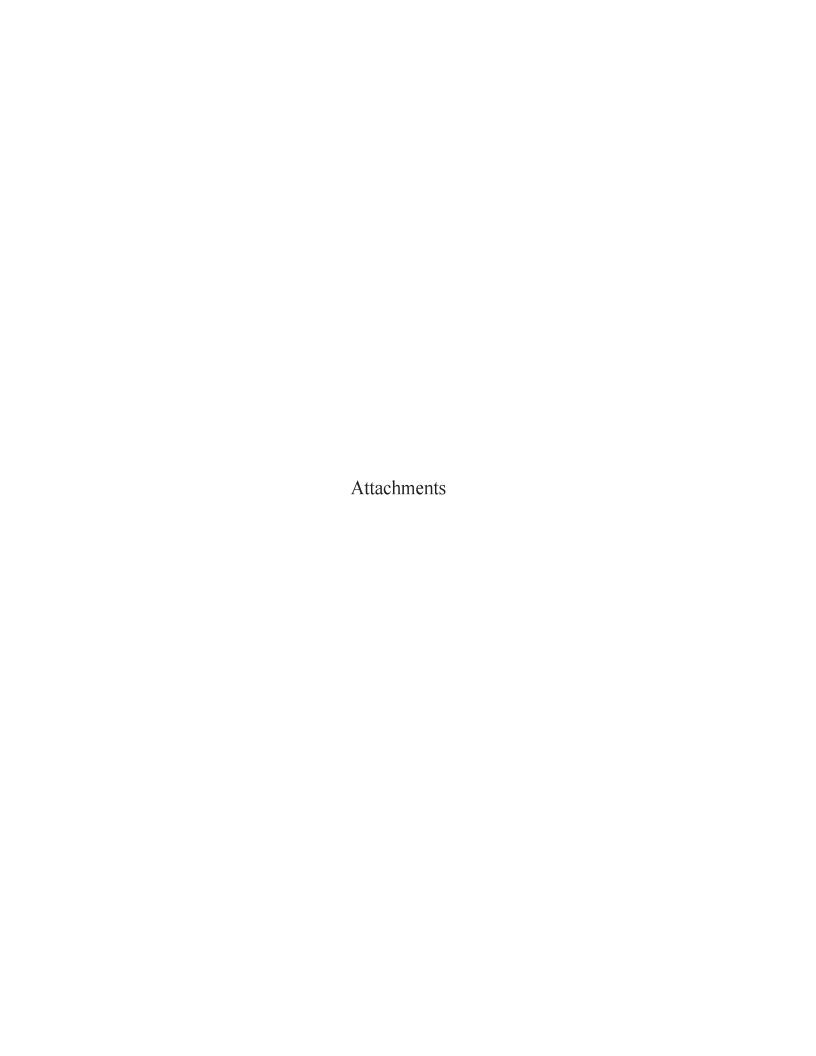
	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	411831
<015>	Study Area Name	SOUTH CENTRAL TEL. ASSN. INC KS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035>	Contact Telephone Number - Number of person identified in data line <030>	7192664334 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dparker@tcatel.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)Daryn_Parker also certify that I am an officer of the reporting carrier; my responsibilities include ( agent; and, to the best of my knowledge, the reports and data provided to the author	is authorized to submit the information reported on behalf of the reporting carrier. Insuring the accuracy of the annual data reporting requirements provided to the authorized rized agent is accurate.
Name of Authorized Agent: Daryn Parker	
Name of Reporting Carrier: SOUTH CENTRAL TEL. ASSN. INC KS	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/26/2015
Printed name of Authorized Officer: Christina Hickert	
Title or position of Authorized Officer: Accounting Manager	
Telephone number of Authorized Officer: 6209301000 ext.	
Study Area Code of Reporting Carrier: 411831 Filing D	ne Date for this form: 07/01/2015

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI R	Recipients on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service s the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the in	
Name of Reporting Carrier: SOUTH CENTRAL TEL. ASSN. INC KS	
Name of Authorized Agent or Employee of Agent: Daryn Parker	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent: Daryn Parker	
Title or position of Authorized Agent or Employee of Agent Financial Consultant	
Telephone number of Authorized Agent or Employee of Agent: 7192664334 ext.	
Study Area Code of Reporting Carrier: 411831 Filing Due Date for this form: 0	07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications 18 of the United States Code, 18 U.S.C. § 1003	



## **REDACTED - FOR PUBLIC INSPECTION**

# **REDACTED**

[The Progress Report of South Central Telephone Association – KS Filed Pursuant to 47 C.F.R. § 54.313(a)(1) is redacted in its entirety as Highly Confidential Information]



FCC Form 481 Line 510

## Line 510: Service Quality Standards & Consumer Protection Rules Compliance

## **Service Quality Standards**

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

#### **Consumer Protection Rules**

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags



FCC Form 481 Line 610

## **Line 610: Functionality in Emergency Situations**

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

Ç	- h - O	411831
<ntn></ntn>	<ul><li><u10> Study Area Code</u10></li></ul>	7))777
<015>	<015> Study Area Name	SOUTH CENTRAL TEL. ASSN. INC KS
<020>	<020> Program Year	2016
<030>	<030> Contact Name - Person USAC should contact regarding this data	Daryn Parker
<035>	<035> Contact Telephone Number - Number of person identified in data line <030> 7192664334 ext.	7192664334 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030>	dparker@tcate1.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

<703>

1/1/2015

<a1></a1>	<a2></a2>	<a3></a3>	   	  	 	 	<	3>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Ra
KS	Hazelton		FR	16.75	0.0	1.44	0.0	18.19
KS	Iuka		FR	16.75	0.0	1.44	0.0	18.19
KS	Kiowa		FR	16.75	0.0	1.44	0.0	18.19
KS	Lake City		FR	16.75	0.0	1.44	0.0	18.19
KS	Sharon		FR	16.75	0.0	1.44	0.0	18.19
KS	Sun City		FR	16.75	0.0	1.44	0.0	18.19
KS	Turon		FR	16.75	0.0	1.44	0.0	18.19

per line Rates and Fees

**\$** 


FCC Form 481	OMB Control No. 3060-0986/OMB Control No. 3060-0819	July 2013
(710) Broadband Price Offerings	Data Collection Form	

Study Area Name   Study Area Name   Contact Propose   Contact Pr									
Paryn Parker	Study Are	a Name			SOUTH CENTRAL				
192664334 ext.   cdparker@tcate1.com   cdp	Program	Year			2016				
Classification	Contact A	Jame - Person USAC shou	ld contact regarding	this data	Daryn Parker				
Color	Contact 1	elephone Number - Num	ber of person identi	fied in data line <030>	7192664334 ext				
All	Contact E	mail Address - Email Add	ress of person ident	fied in data line <030>		com			
All         Special Residential         Total Rates         Total Rates         Broadband Service         Usage Allowance           All         49.95         0.0         49.95         1.0         6.0         999999           All         139.95         0.0         79.95         10.0         999999           All         139.95         0.0         139.95         10.0         999999	,	(6)	4	ć		\(\frac{7}{7}\)	7577		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
All         Rate Reguented (LEC)         Residential (Mbps)         State Reguented (Apps)         Commond Speed (Mbps)         CB)           All         49,55         0.0         48,95         1.0         6.0         999999           All         61,35         0.0         59,95         3.0         100.0         999999           All         139,95         0.0         139,95         20.0         100.0         999999           All         139,95         0.0         139,95         100.0         999999           All         139,95         0.0         139,95         100.0         999999           All         139,95         0.0         139,95	VIB/	, in the second			Total Bate	Broadband Service -	Broadband Service	Usage Allowance	Usage Allowance
All         49-95         0.0         49-95         1,000         6.0         999999           All         59-95         0.0         10.0         10.0         999999           All         79-95         0.0         79-95         10.0         999999           All         139-95         0.0         79-95         10.0         999999           All         139-95         0.0         139-95         20.0         100.0         999999           All         139-95         0.0         139-95         20.0         100.0         999999           All         139-95         0.0         139-95         20.0         100.0         999999	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	and Fees	load Speed	-Upload Speed (Mbps)	(GB)	Action Taken When Limit Reached {select}
All         59-95         3.0         10.0         99999           All         69-95         0.0         69-95         5.0         20.0         99999           All         139-95         0.0         79-95         10.0         50.0         99999           All         139-95         0.0         139-95         20.0         100.0         999999           All         139-95         0.0         139-95         20.0         100.0	Z.	A11	49.95	0.0	49.95	1.0	0.9	666666	Other, No limit on usage allowance
All     69,95     0.0     69,95     5.0     20.0     999999       All     72,95     0.0     79,95     10.0     50.0     999999       All     139,95     0.0     139,95     20.0     100.0     999999	KS	All	59.95	0.0	59.95	3.0	10.0	666666	Other, No limit on usage allowance
All 139-95 0.0 19-95 10.0 50.0 999999	KS	A11	69.95	0.0	69.95	5.0	20.0	666666	Other, No limit on usage allowance
A11 139.95 0.0 139.95 20.0 100.0 999999	KS	All	79.95	0.0	79.95	10.0	50.0	666666	Other, No limit on usage allowance
	KS	A11	139.95	0.0	139.95	20.0	100.0	666666	Other, No limit on usage allowance

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

	- KS							<a3></a3>	Doing Business As Company or Brand Designation	SC Telecom	l											
	SOUTH CENTRAL TEL. ASSN. INC.			κt.	el.com			<a2></a2>	SAC													
411831	SOUTH CENTRA	2016	Daryn Parker	7192664334 ext.	dparker@tcatel.com																	
<010> Study Area Code	<015> Study Area Name	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data	<035> Contact Telephone Number - Number of person identified in data line <030>	<039> Contact Email Address - Email Address of person identified in data line <030>	<810> Reporting Carrier South Central Telephone Association, Inc.	<pre>&lt;812&gt; Operating Company South Central Telephone Association, Inc.</pre>	<813> <a1></a1>	Affiliates	South Central Wireless, Inc.	Central											



FCC Form 481 Line 1210

## **Low-Income Telephone Assistance Program Terms & Conditions**

South Central Telephone Association provides unlimited local calling for residential customers at a discount of \$9.25 a month for basic lifeline. The lifeline service from South Central Telephone Association provides access to emergency, operator, interexchange, and directory assistance services. The service does not include enhanced calling features such as voice mail, caller ID, call forwarding, internet or long distance telephone service. Toll Restriction service is provided at no charge for Lifeline customers.

#### **MILESTONE CERTIFICATION**

July 1, 2015

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street SW Room TW-A325 Washington, D.C. 20554

Re: Form 481 Line 3010 - Milestone Certification Pursuant to 47 C.F.R. § 54.313(f)(1)(i)

Dear Ms. Dortch:

South Central Telephone Assn, Inc – KS, Study Area Code 411831, in accordance with 47 C.F.R. § 54.313(f)(1)(i) of the Commission's rules, herby certifies that it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time.

Respectfully submitted,

Eric Ryker

**Director of Network Operations** 



FCC Form 481 Line 3012

# **Line 3012: Community Anchor Institutions Newly Receiving Broadband in 2014**

No community anchor institutions were newly connected with broadband during the calendar year 2014.

## **REDACTED - FOR PUBLIC INSPECTION**

# **REDACTED**

[The Financial Statement of South Central Telephone Association – KS filed pursuant to 47 C.F.R. § 54.313(f)(2) is redacted in its entirety as Highly Confidential Information]